

NRC FORM 241
(7-1989)

U.S. NUCLEAR REGULATORY COMMISSION

APPROVED BY OMB: NO. 3150-0013
Expires
Estimated burden per response to comply with this mandat request: 15 minutes. This notification is required so th schedule inspection of the activities to ensure that they are accordance with requirements for protection of the publi safety. Send comments regarding burden estimate to Management Branch (T-6 EB), U.S. Nuclear Regulatory Commission, Washington, DC 20555-0001, or by internet e-mail to bj and to the Desk Officer, Office of Information and Regulat NE08-10202, (3150-0013), Office of Management and Regul Washington, DC 20503. If a means used to impose an collection does not display a currently valid OMB control NRC may not conduct or sponsor, and a person is not respond to, the information collection.

REPORT OF PROPOSED ACTIVITIES IN NON-AGREEMENT STATES, AREAS OF EXCLUSIVE FEDERAL JURISDICTION, OR OFFSHORE WATERS

(Please read the instructions before completing this form)

1. NAME OF LICENSEE (Person or firm proposing to conduct the activities described below)
CODE SERVICES

2. TYPE OF REPORT
 INITIAL REVISION CLARIFICATION

3. ADDRESS OF LICENSEE (Mailing address or other location where licensee may be located)
26412 OLD HIGHWAY 20
MADISON, AL 35756

4. LICENSEE CONTACT AND TITLE
CHRIS CHANDLER, RSO

5. TELEPHONE NUMBER (Include Area Code)
256-340-1117

6. FACSIMILE NUMBER (Include Area Code)
256-340-1113

7. ACTIVITIES TO BE CONDUCTED UNDER THE GENERAL LICENSE GIVEN IN 10 CFR 150.20
 WELL LOGGING LEAK TESTING AND/OR CALIBRATIONS TELETHERAPY/IRRADIATOR SERVICE
 PORTABLE GAUGES OTHER (Specify) =>
 RADIOGRAPHY => REGISTERED AS USER OF PACKAGING (CERTIFICATES OF COMPLIANCE NUMBERS)

FAX (404) 562-4955 / VERIFY (404) 502-4140

8. CLIENT NAME, ADDRESS, CITY/COUNTY, STATE, ZIP CODE
M&D Mechanical
Redstone Arsenal, AL

9. ACTUAL PHYSICAL ADDRESS OF WORK LOCATION (Street and Number or other location. Give as complete an address or directions as possible)
Close to Bldg# ~~4734~~ 4734
Laydown yard

10. CLIENT TELEPHONE NUMBER (Include Area Code)
256-340-3011

11. WORK LOCATION TELEPHONE NUMBER (Include Area Code)

12. DATES SCHEDULED		13. NUMBER OF WORK DAYS	14. ADD	15. DELETE	16. LOCATION REFERENCE NUMBER
FROM	TO				
10-18-01	10-18-01	1			000062

17. LIST ADDITIONAL WORK SITES ON SEPARATE SHEET(S) TO INCLUDE ALL INFORMATION CONTAINED IN ITEMS 8-16 ABOVE.

17. LIST RADIOACTIVE MATERIAL WHICH WILL BE POSSESSED, USED, INSTALLED, SERVICED, OR TESTED (Include description of type and quantity of radioactive material, sealed sources, or devices to be used.)
IR 192 Amursham 660B SN S4157 B3410 35.6c

18. AGREEMENT STATE SPECIFIC LICENSE WHICH AUTHORIZES THE UNDERSIGNED TO CONDUCT ACTIVITIES WHICH ARE THE SAME, EXCEPT FOR LOCATION OF USE, AS SPECIFIED IN ITEM 8 ABOVE. (Four copies of the specific license must accompany the initial NRC Form 241.)

LICENSE NUMBER	STATE	EXPIRATION DATE
1075	AL	12-31-02

19. CERTIFICATION (MUST BE COMPLETED BY APPLICANT)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT:

- All information in this report is true and complete.
- I have read and understand the provision of the general license 10 CFR 150.20 reprinted on the instructions of this form; and I understand that I am required to comply with these provisions as to all byproduct, source, or special nuclear material which I possess and use in non-Agreement States offshore waters under the general license for which this report is filed with the U.S. Nuclear Regulatory Commission.
- I understand that activities, including storage, conducted in non-Agreement States under general license 10 CFR 150.20 are limited to a total of 180 in calendar year. With the exception of work conducted in off-shore waters, which is authorized for an unlimited period of time in the calendar year.
- I understand that I may be inspected by NRC at the above listed work site locations and at the Licensee's home office address for activities performed in non-Agreement States or offshore waters.
- I understand that conduct of any activities not described above, including conduct of activities on dates or locations different from those described above or without NRC authorization, may subject me to enforcement action, including civil or criminal penalties.

CERTIFYING OFFICER: RSO or Management Representative (Name and Title)
CHRIS CHANDLER, RSO

SIGNATURE: *Chris Chandler*

DATE: 10-16-01

WARNING: False statements in this certificate may be subject to civil and/or criminal penalties. NRC regulations require that submissions to the NRC be complete and accurate in all material respects. 18 U.S.C. Section 1001 makes it a criminal offense to make a willfully false statement or representation to any department or agency of the United States as to any matter within its jurisdiction.

FOR NRC USE ONLY

REVIEWING OFFICIAL (Typed/Printed Name and Title)
Janice H. Kirby
Licensing Assistant

SIGNATURE: *Janice Kirby*

DATE: 10/16/01

TOTAL USAGE - DAYS TO DATE: 155

USNRC Region II - Atlanta GA